

DRAFT MINUTES
of the Third Meeting of the
Medical Nutrition Therapy Technical Review Committee
January 12, 2021
9:00 a.m. to Noon
(This meeting was a webex meeting)

Members on the call

Douglas Vander Broek, DC
Brandon Holt, BSRT
Kenneth Kester, PharmD, JD
Jessica Roberts, ATC
Theresa Parker, MA, NHA
Stephen M. Peters, BA, MA
Marcy Wyrens, RRT

Members Absent

Staff persons on the call

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Dr. Vander Broek called the meeting to order at 9:05 a.m. The roll was called; a quorum was present. Dr. Vander Broek welcomed all attendees. The agenda and Open Meetings Law were posted and the meeting was advertised online at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the third meeting and the minutes of the second meeting.

II. Questions About and Discussion on the Applicants' Proposal

Pursuant to ensuring that each technical review committee member has had an opportunity to ask questions and receive responses to these questions Chairperson Vander Broek proceeded to ask each committee member, beginning with the first member on the roster, Brandon Holt, whether they had any questions for the applicant group. Mr. Holt indicated that he had questions but would hold them for later. Dr. Kenneth Kester indicated that he too would hold his questions for later. Jessica Roberts responded by stating that she had the following questions for applicant group representatives:

1. What is meant by "nutrition diagnosis"?
2. What education and training do MNTs have in laboratory procedures? Is this training provided as part of CE, or, is it a component of their formal pre-graduation, pre-licensure education and training?
3. What is the education/training difference between NANDs and ANAs? Is there a significant difference in knowledge and ability, or, is it basically the same? Where do ANA practitioners fit in the overall scheme of things and what is the dynamic of the relationship between them and NAND practitioners?

Theresa Parker asked the applicants what is the principal goal of the proposal? Is it about hospitals, or, is it about other kinds of facilities? Who are "medical staff" as referenced in the proposal? What does "cooperation" mean in the context of the proposal?

Stephen Peters asked who would be impacted by the proposal? Would there be winners? Would there be losers? Pertinent to educational and training standards it seems that some proposed

standards are lower than current standards. Would this result in less rigorous training under the terms of the proposal? What would one need to do to acquire one of the two new credentials? Would there be grandfathering of some providers? If so, under what circumstances would this occur? Would there be at least some new educational / training requirements? If so, what would these requirements elements be?

Marcy Wyrens asked the applicants to clarify the meaning and implications of “independent practice” in the context of the practice situations wherein MNTs provide their services. How would such independence impact collaboration with other health care providers including physicians and nurses, for example?

Paula Ritter-Gooder, speaking on behalf of the applicant group, responded to the questions asked by the aforementioned committee members. Paula began by stating that there is no consensus definition of the term “diagnosis” among health care professionals. Each profession defines diagnosis in terms of its own knowledge base and the kinds of specific maladies and conditions it typically treats. Regarding differences between ANA and NAND professionals Ms. Ritter-Gooder went on to state that there is a Commission on Dietetic requirements which determines the specifics of training and education necessary to safely and effectively provide the elements of service associated with medical nutrition therapy. She went on to state that the “Rubric” document should be helpful to anyone trying to assess the differences versus similarities between ANA and NAND professionals.

Paula Ritter-Gooder went on to state that NAND and ANA representatives have collaborated to define a “gold standard” for the education and training for the proposed new medical nutrition licensure categories. However, more work needs to be done to clarify supervision requirements.

Nancy Hackel-Smith, speaking on behalf of the applicant group, commented that nutritional diagnosis focuses on the kinds of health issues that medical nutrition therapists deal with every day such as weight loss, for example. Medical nutrition therapists base their interventions on their diagnoses of their client’s nutritional problems.

Dr. Vander Broek asked the applicants if medical nutritionists actually make these diagnoses or if other health professionals make them. Nancy Hackel-Smith responded by stating that medical nutrition therapists make these nutritional diagnoses, adding that these are not medical diagnoses. They are nutritional diagnoses.

Jessica Roberts asked the applicants to clarify their education / training to perform laboratory procedures. Paula Ritter-Gooder responded by stating that medical nutrition therapists perform these procedures under standardized protocols and guidelines developed in cooperation with physicians. Paula Ritter-Gooder added that medical nutrition therapists cooperate with physicians to issue lab orders as part of a health care team rather than issue lab orders on a solo basis.

At this juncture Chairperson Vander Broek drew the attendees’ attention to a document from the Nebraska Health Care Association (NHCA) which includes eight questions regarding how the applicant’s proposal might impact nursing care facilities in Nebraska. These questions are as follows:

1. Would all RDs be required to become licensed in order to practice in Nebraska?
2. Are all RDs in Nebraska already qualified for licensure as MNTs?
3. Would the oversight of MNTs by CDMs require greater formality than currently?
4. Would a CDM be allowed to provide the services of an MNT under the terms of the proposal?

5. Would nurses (RNs/LPNs) employed by a nursing care facility be allowed to advise residents about diet and weight control without involving an MNT under the terms of the proposal?
6. Would nurses (RNs/LPNs) employed by a nursing care facility be allowed to advise a physician regarding the diet and nutritional care of a resident without involving an MNT?
7. Would nurses (RNs/LPNs) employed by a nursing care facility be allowed to advise a physician regarding the diet and nutritional care of a resident without involving an MNT if the resident in question was having chewing or swallowing difficulties?
8. Would a physician be allowed to make changes in the diet of a nursing care resident including dietary supplements, parenteral nutrition, or dietary-related medications, for example, without involving an MNT under the terms of the proposal?

Paula Ritter-Gooder responded by stating that the applicant group does not seek to change the way other health care providers do their work, adding that protocols in place in health care facilities would ensure that such would not occur. The proposal seeks only to define the work and services that MNTs are allowed to provide, not to place limitations or restrictions on what other licensed health care professionals can do, adding that the scopes of practice of other health care professionals would not be impacted by this proposal.

Marcy Wyrens commented that the applicants' use of the term "independent" in their proposal needs clarification given what applicant representatives have recently stated regarding their intent not to make changes in, or otherwise disrupt, the way nursing care facilities provide their services. Dexter Schrod, speaking on behalf of the NMA, commented that NMA has had conversations with the applicant group regarding matters pertinent to collaboration between them and other health professionals in health care facilities, and that the question of independence versus collaboration, therein, is one that will continue to be the subject of on-going discussions as these issues advance through the review process.

Stephen Peters asked the applicants to clarify which professionals in health care facilities in Nebraska would have the ultimate responsibility vis-à-vis decisions regarding diet and nutrition care for residents, adding that he wanted the applicants to clarify what the "chain of command" is in residential facilities and how it might change under the terms of the proposal. The applicants restated that their proposal would in no way alter the current manner by which care is delivered in such facilities.

III. Public Comments

There were no additional comments or questions from members of the public.

IV. Other Business and Adjournment

Program staff stated that they would send out a "doodle poll" to set the date and time for the next meeting of the committee which will be the public hearing. There being no further business, the committee members unanimously agreed to adjourn the meeting at 11: 20 a.m. .